

North Carolina Division of Public Health
 Women's and Children's Section
 Nutrition Services Branch
 Breastfeeding Peer Counselor Program

Breastfeeding Peer Counselor Monthly Report

Directions: Peer Counselors will use this report to record the number and type of contacts made to prenatal and breastfeeding women. Count each mother as one visit. Fill in the numbers weekly and total at the end of the month. At the end of the month, the peer counselor program manager will print and attach the "Monthly Breastfeeding Activities Report" from Crossroads and use this information for reporting and evaluating the monthly activities of the Breastfeeding Peer Counselor Program.

Month/Year _____ Peer Counselor's Name _____

| Question | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Total |
|--|--|--------|--------|--------|--------|-------|
| How many phone calls did you make? | | | | | | |
| How many clinic visits did you have? | | | | | | |
| How many hospital visits did you make? | | | | | | |
| How many home visits did you make ? | | | | | | |
| How many breastfeeding classes did you facilitate? | | | | | | |
| How many support groups did you attend? | | | | | | |
| How many other activities did you participate in? | | | | | | |
| Monthly Assessment | | | | | | |
| List activities and needs from your program manager: | What is your current caseload as of the last day of this reporting month? | | | | | |
| | Of this current caseload, how many women are pregnant? | | | | | |
| | Of this current caseload, how many are breastfeeding? | | | | | |
| | During this month, how many women stopped or decided not to breastfeed? | | | | | |